

Case Number:	CM15-0198453		
Date Assigned:	10/13/2015	Date of Injury:	09/22/2014
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 09-22-2014. She has reported subsequent knee pain and was diagnosed with tear of medial meniscus of knee and osteoarthritis of the left knee. Treatment to date has included pain medication, surgery, ace wrap and physical therapy, which were noted to have failed to significantly relieve the pain. Documentation shows that Nabumetone and Metaxalone were prescribed since at least 2014 and Pennsaid was prescribed since at least 04-14-2015. In a progress note dated 08-20-2015, the injured worker reported a lot of left knee pain, popping and clicking with left leg pain and radiation to the left foot with left foot numbness. Medications were noted to help reduce pain although the degree and duration of pain relief were not documented. Objective findings showed tenderness along the medial joint line of the left knee, range of motion from 5 to 125, inability to squat, discomfort with McMurray testing and more pain if she walked on heels or tiptoes. The plan included continued medication and an arthroscopic meniscectomy of the left knee. In a progress note dated 09-17-2015, the injured worker was noted to have had left knee partial medial meniscectomy and chondroplasty on 09-11-2015. The injured worker reported that she had "swelling and would like something a little stronger." Objective examination findings revealed post op left knee partial medial meniscectomy and chondroplasty but no specific objective examination findings of body systems was documented. Work status was documented as temporarily totally disabled. A request for authorization of Nabumetone 500 mg #30 with 3 refills, Metaxalone oral 800 mg 2 refills #120 and Pennsaid 2% transdermal 2% with 5 refills was submitted. As per the 10-01-2015 utilization review, the requests for Nabumetone and

Metaxalone were non-certified and the request for Pennsaid was modified to certification of Pennsaid 2% transdermal 2% with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nabumetone 500mg #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported, therefore, the request for Nabumetone 500mg #30 with 3 refills is determined to not be medically necessary.

Metaxalone Oral 800mg #120 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: The MTUS Guidelines recommend the use of metaxalone with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. This medication is recommended for short term use. In this case, metaxalone is being used in a chronic manner which is not supported by the guidelines. Additionally, there is no documentation of a failure or contraindication for use of a first-line agent, therefore, the request for Metaxalone oral 800mg #120 with 2 refills is determined to not be medically necessary.

Pennsaid 2% Transdermal 2% with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Pennsaid (Diclofenac Sodium Topical Solution).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Pennsaid (Diflofenac Sodium Topical Solution) Section.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. In studies Pennsaid was as effective as oral diclofenac, but was much better tolerated. FDA approved Pennsaid Topical Solution in 2009 for the treatment of the signs and symptoms of osteoarthritis of the knee, and the FDA requires a Risk Evaluation and Mitigation Strategy (REMS) from the manufacturer to ensure that the benefits of this drug outweigh its risks. Pennsaid transdermal is documented to have provided relief for the injured worker, however, this request for 5 refills does not allow for close follow-up for efficacy. The request for Pennsaid 2% transdermal 2% with 5 refills is determined to not be medically necessary.